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CLINICAL REMARKS ON A CASE OF OBSTRUCTED BOWEL.

BY DR. CHOWNE.

You have just witnessed, gentlemen, one of those distressing and impracticable cases which it is too probable you will occasionally meet with in your future practice—a person in full health becoming the subject of insuperable obstruction in the bowels.

Francis L., age 21, fair complexion, rather slight, a picture-frame gilder, has always had delicate health; has been subject to spasm of the belly for the last two years, and to eructations of wind. He has been a steady liver: he used to relieve the spasms by taking a small quantity of brandy and tincture of rhubarb.

A few evenings since he supped from home with an acquaintance, and had for supper salt beef, plum-tart, and some ripe gooseberry-tart. Prior to his supper he had had pains in his bowels. He was presently after supper seized with an increase of pain, and the bowels acted: the pain seemed still to increase. He took, as in former attacks, a small quantity of brandy, with some tincture of rhubarb; and also took some castor oil. He was still suffering a great deal of pain, became sick, brought up his supper, and from that time has been unable to retain anything on the stomach; felt a distressing sensation at his stomach, which he described by saying, he "felt as if there was water, wind and spasm." He went to bed at the house of his acquaintance, but was extremely ill. He was sober when he sat down to supper, and was a very sober man. At about 10 o'clock on the following morning he was conveyed to his home; still he had not had any relief from pain, and there had been no alvine defection. A medical man was immediately sent for: this was the second day of the attack. Suitable medicines and enemata were administered, but without effect. On the following day (the third of the attack) he had a defection from the bowels, which appeared to be natural: it was considered not to be scanty, and was deemed satisfactory. He took some effervescing drink, but fancied that it checked the disposition which appeared to have commenced in the bowels to act. His medicines were altered many times, to restore the action of the bowels, and enemata were again had recourse to. The medicines did not remain on the stomach; the enemata were not retained. The fourth and fifth day passed without relief. During the whole of this time the sickness was incessant and painful; he had also abdominal pain, and tossed about in bed; he laid at different times on the

back and side, but still was tender to the touch; had fomentations to the belly. The medical gentleman attending him did not consider that he had symptoms of inflammation. On the sixth day he remained in the same state. On the seventh day (Sept. 4) he was admitted to the Charing-cross Hospital, the distressing sickness and constipation still remaining. Prior to his admission he had received very diligent and very judicious, although unsuccessful, treatment. The gentleman under whose care he had been, used the precaution of sending with him to the Hospital a memorandum, stating what had been the remedies employed, a very useful and kind precaution in every way.

The patient, upon his arrival at the Hospital, had an extremely anxious countenance; cheeks a little flushed; tongue furred; pulse rather accelerated, but not much, tolerably full and firm, not hard; was languid and still sick; what was thrown from the stomach not fecal; complained of pain in the abdomen and a distressing sense of obstruction, more the pain of strangulated hernia than of peritonitis or enteritis; there was no inguinal tumor, however, nor protrusion from the umbilicus, nor any tumor within the abdomen, as if from intus-susception; his symptoms resembled very closely those of colica pictonum; but there was nothing in his trade calculated to produce that disease, nor could I trace it to lead from any other source.

In addition to ordinary active purgatives, ordinary enemata and a tobacco enema were administered to him at his home. He had purgatives in different forms after his admission, hot fomentations, plain enemata in large quantities, and enemata with oleum terebinthi. He had air passed into the intestines and a warm bath, but with no favorable results. The vomiting became still more frequent, the fluid thrown up stercoraceous, and prostration of strength extreme. To diminish the distressing sense of sinking which he suffered, he had wine and brandy, and a strong cordial mixture, with ammonia. These seemed to afford him some present relief. The day on which he died was the eleventh after the attack.

The body was examined about seventeen hours after death. The surface appeared natural, with but few marks of decomposition, and these faint; the abdomen was very little enlarged. When the cavity was opened, it presented the omentum spread over the whole of the intestines; it was very thin and transparent, and extended to the pelvic region. It adhered on one side to the peritoneal lining as it passed over the brim of the pelvis; and on the other to the peritoneum lining the parietes near the abdominal ring; the adhesions were by adventitious membranes. It adhered also closely to the different convolutions of intestines on which it lay. The intestines adhered together in a similar manner, and at first sight as if by their own surfaces, without the aid of a connecting medium; there was, however, an intermediate substance, and the union was so complete as to require cautious dissection to separate the convolutions from each other. At those parts where the separation was effected without the use of the scalpel, and in doing so the intestines were strained a little apart from each other, this substance extended itself out into thin, pellucid layers, so thin and so smooth as scarcely to be distinguished from peritoneum.

The intestines appeared generally darker than common, some parts rather darker than others, but there was not any redness on the surface, the effect of inflammation. There was not in the cavity of the abdomen any effusion, serous or otherwise, and there were no deposits upon the surfaces other than that I have spoken of, as constituting the medium of adhesion, nor any purulent or other matter: the cavity of the abdomen was, indeed, peculiarly dry.

After a careful examination the cause of obstruction was discovered; a portion of false membrane passed across a large knuckle of the ileum; it was attached by one extremity to the parietes of the abdomen, and by the other to the surface of a portion of intestine deep in the abdomen. The intestine was not closely encircled by the membranous band, but was rather placed under it, yet in such a manner that transit through it was impossible.

The intestinal canal above the portion entangled in the membranous band was capacious, distended with flatus and the usual contents; below the stricture it was contracted and empty. The internal surface of the intestine was at many parts very much congested with blood. There were some very large patches of this description, in which the structure appeared to be thickened; the mucous surface, however, was bright and transparent, and without ulceration, or anything that could be attributed to inflammation; the part of the intestine in contact with the cause of obstruction was not strongly marked by visible change.—*London Lancet*.

IDIOPATHIC METRITIS AND PERITONITIS—THOMSONIAN PRACTICE,
DEATH, &c.

BY J. A. ALLEN, M.D., MIDDLEBURY, VT.

[Communicated for the Boston Medical and Surgical Journal.]

LAURA ADAMS, aged 12 years, of a sanguine temperament, and possessed of the ordinary constitutional vigor of country females at this period of life, was attacked on the 27th of August, 1842, with pain in the hypogastrium, for which the family administered a saline cathartic. This failing to afford the desired relief, a man who, by a species of misnomer, is known by the name of a "*botanic physician*," alias *Thomsonian*, was employed. He commenced his course of medication with the administration of the common stimulating emetic used by that empirical sect. In addition to the acrid emetic, for the first four days the usual *hot drops* were administered, and each day a strong infusion of the bayberry bark (*Myrica cerifera*) was used for an enema. On the fourth day the acrid emetic, composed, in part, at least, of the bayberry-bark tea, was again administered. The unfortunate sufferer constantly grew worse. The pain in each iliac region became constant and severe, the abdomen distended and exquisitely sensitive. Micturition was painful and distressing. During this period the skin was said to have been very hot, the face flushed, and there was a constant desire for cold water to allay the internal heat. Retching and puking were frequent, and her manifesta-

tions of suffering loud and heart-rending. To meliorate, in some measure, the intense pain, an opiate was urgently requested. This, of course, was peremptorily refused, and yet by *stealih* a portion of the sulphate of morphine was by the *botanic doctor* given.

To the train of symptoms already enumerated, on the night of the fourth day of her illness, rigors and a death-like chill ensued. The limbs became cold, and a clammy sweat occurred. The pulse was imperceptible at each wrist; and, indeed, on my arrival and during my stay of about two hours, no pulsation could be detected below either elbow. Notwithstanding this moribund state, the intellectual faculties were undisturbed. She was constantly calling for cold water; and as constantly as this was received into the stomach, it was speedily rejected. Respiration was laborious, and each lung afforded a moist crepitous rhonchus, which was perceptible by the unassisted ear, and essentially different from the *tracheal rhonchus* commonly known by the appellation of the *dead-rattles*.

To remove the existing morbid phenomena, her extremities were covered with the leaves of *Cochlearia armoracia*, an epithem well mingled with the seeds of *Sinapis nigra* was applied over the abdomen, and twenty-five drops of laudanum administered. A mucilage of the bark of *Ulmus pulva*, and a little brandy, as the stomach appeared to tolerate, were used. Six hours after the commencement of this course, the puking had in a measure abated, and the pulse was merely perceptible at the wrist; the extremities remained cold, and continued so for nearly forty hours from the accession of the rigors. The pulse had varied from 120 to 130 per minute, and from this number there was no great variation while they continued to act. The tongue was slightly coated, neither uncommonly red nor dry. The pain had ceased since the chill, and the abdominal parietes, although distended, were not tense, but entirely free from pain except upon pressure. Calcined magnesia and charcoal were administered in sufficient doses to move the bowels, which was accomplished without any inconvenience. The vomiting temporarily abated, but returned again, when stercoraceous matter was ejected, and in the course of a day or two four worms (*Ascaris lumbricoides*) were also ejected from the stomach. Six or eight grains of calomel, with a grain of opium, were given. In due time this medicine produced its cathartic effect without apparently increasing the prostration, but its ultimate influence was no more beneficial in diminishing the distension of the abdomen, checking the puking, or in relieving the dysuria, than the charcoal and magnesia. To obviate the latter difficulty, enemata of mucilage and laudanum were used, and several other articles of minor consequence were also given by the mouth. She lingered till the morning of the 12th of September, and died.

Autopsy, twelve hours after death, in presence of Drs. E. Tudor and Z. Bass, and Messrs. J. G. Wellington and S. Moody.—Body not very greatly emaciated; distension of the abdomen considerable in the epigastric region; the hypogastric and hypochondriac regions were less tumid. Between the navel and *symphysis pubis* there was, indeed, considerable incurvation.

The external and internal coats of the stomach, and upper portion of intestines, in appearance were quite natural, although in numerous places each surface was bespangled with arborescence of minute bloodvessels. In the hypogastrium the parts *in situ* presented much lividity, and on each side the peritoneum of the viscera had formed adhesions with that lining the abdominal cavity, reaching from the spine of the ilium nearly to the cartilages of the false ribs. Back of these adhesions was a sac extending into the pelvis, containing, at least, *thirty ounces of pus*. The external coat of the bladder was in a state of ulceration, and the *fundus uteri* had been destroyed by this ulcerative process. The texture of the bladder and the visceral parts in contiguity were in such a softened state as to require extreme caution to prevent their being torn on removal. The exit through the vagina was closed by adhesion which was separated by moderate pressure; the internal coat of the rectum showed signs of previous inflammation. It did not, however, appear to have been very severely affected.

Remarks.—The morbid phenomena presented in the dissection of the preceding case show clearly the character of the disease which terminated in such an extensive lesion of parts. Nothing but acute inflammation of the parts implicated could have been adequate to the production of such results. Who ever saw an accumulation of pus, either from suppuration or ulceration, unpreceded by inflammation? or, who ever found preternatural adhesions without previous inflammation? And, further, the instances are rare, if there be any, in which a patient suffering in extreme agony from extensive inflammation of any tissue, and more especially, of an internal organ, has the pain suddenly abate, and accompanied with rigors, chills, prostration and cold sweats, without the production of purulent matter or gangrene. Those occurrences, it has long since been observed, indicate the commencement of suppuration or ulceration. They do not denote the accumulation of purulent matter, but they are symptoms developed by the suppurative action. When the matter is fully formed, it may remain either in a natural or artificial cavity, without such results. Several cases of empyema have fallen under my own observation, in which pus has remained in the chest various lengths of time, from a week or two to ten or twelve months, without any of these events. In several of these instances the purulent accumulation has finally been evacuated.

Mr. J. Hunter endeavored to establish "as an invariable fact, that no suppuration takes place which is not preceded by inflammation; that is, no pus is formed but in consequence of it." By this Mr. H. did not mean that at the onset of suppuration the inflammation ceased, but that it had assumed an essentially different specific character; and, hence, he observes, "although the vessels may be nearly in the same state," as in inflammation, "they are in a much more quiescent state than before, and have acquired a new mode of action. When the suppurative disposition takes place, new effects upon the constitution arise, which are very considerable and varying in themselves. The cold fits or rigors are more frequently felt at the commencement of the suppurative than at the beginning of the adhesive inflammation, more especially, too, if it is

what we commonly call spontaneous inflammations, which advance to suppuration." "But that rigors take place upon the commencement of ulceration, I think is evident, although it cannot be well known in all cases; for ulceration will be so close upon suppuration in most cases, that it will be difficult to distinguish which was the cause of the rigor."—(Vid. J. H. on suppurative inflammation.)

Professor Schill, in his semeiology, observes, "The diagnostic import of shivering depends on the accompanying phenomena. If it present itself in inflammations, *with collapse, great anxiety, weak soft pulse,* and a low delirium, suppuration may be dreaded." "If a cold feeling occur suddenly after severe pains, *suppuration*, gangrene, or bursting of some internal organ, has taken place."

By the application of these principles, the correctness of which can hardly admit a doubt, to the case under consideration, the whole character or history of the disease becomes obvious. At the close of the fourth day of the complaint, the *acute inflammatory action assumed the suppurative or ulcerative process, which was manifested by the chills, rigors, collapse, and subsequent cessation from pain.*

To the medical practitioner who realizes the high responsibility of his vocation, or has a tender regard for his species, this case, considered in all its bearing, is a subject of immense interest. A solitary instance of death from mal-practice, or of death after inert or inefficient practice which prevented the use of the proper means of relief, is a subject of no small moment to the actors in the drama. But when the course of medication is claimed to be *a system* superior to that which is the result of the combined experience and science of ages, the cause for serious apprehension and alarm becomes doubly augmented.

Upon the subject of disease, the mass of mankind neglect to exercise their reason. They seem to forget that this noble principle, emanating from Deity, is implanted in us to guide us through the storms and calms of life, and is also intended to guard with scrupulous care the *ship* in which we sail. On this account it is, that the most absurd systems and false principles upon this subject are often received and even lauded by the people. To this class belong *homæopathy, hydropathy, Mesmerism, Thomsonianism, &c.* Each of these being contrary to the nature of things, contrary to our own experience, observation and common sense, it would seem they need only to be mentioned to be rejected. But there is a mystery, an unknown something, that invites and enchains credence without the use of intellection. Hence, the extensive and mischievous consequences of these popular delusions. Who could have supposed that any individual could have written a book which would have obtained any credence and gained any proselytes, especially when the whole tenor of the principles advocated was directly opposed to common sense and experience, and adverse to the accumulated facts established by the master minds of all preceding ages? Absurd as the affirmative of this interrogative may appear, such an event has actually happened in the case of the modern *steam practice*, or, as it is usually called, *Thomsonianism*. Bidding defiance to every principle of ethics and religion, and to any scientific and pathological conclusions, this system strides over all others,

setting at naught the established principles of this, and of all preceding ages, and magisterially denounces all knowledge derived from study and books to be *false*; and yet, as if to expose in itself its falsity, assumes to establish its own pretensions in a *book patented*!

The Thomson system assumes to be founded upon the following positions:—"1st, *That the body is composed of four elements—earth, water, fire and air; that earth and water form the solids, and fire and air give life and motion.* 2d, *That heat is life, and cold is death.* 3d, *That all constitutions and all diseases are the same,*" &c.

These are the essential principles upon which this tottering system is founded. The fallacy of each is so obvious, that to those who have reason and will exercise it, no refutation is necessary. The first steps being false, all the deductions or inferences which may from these be aduced, are gratuitous assumptions. In its practical application there never has been a scheme of empiricism more inconsistent than the one under consideration. The practice of Asclepiades, who confined his patients having a fever for the three first days to a close room and denied them all kind of drink, was not more monstrous; and that adopted by the aborigines on the banks of the Connecticut river, was more natural. When attacked with fever, they confined themselves to a tent well heated; when they arrived at a suitable heat, they suddenly plunged into the river, and then repaired to the tent again. A copious sweat usually broke out, which not unfrequently arrested the complaint. Upon the practice of Asclepiades, Dr. Huxham, in his quaint manner, observes, "I am sure he did not learn it from the great Hippocrates, nor from reason, nature or experience. But this man, from a *declaimer* turned *physician*, and set himself to oppose all the physicians of his time; and the novelty of the thing bore him out, as it frequently doth the *quacks* of the present time; and ever will, whilst a majority of the world are fools."

The principle that "heat is life and cold death," was fully tested in the case which has elicited these remarks. To say that the stimulant practice pursued caused the suppuration, and consequently her death, is more than we are warranted to affirm; because the same event might have occurred under the most judicious treatment. But we are bound to aver, that in accordance with the best established principles of medical science, the articles used were directly calculated to promote the result which ensued. No one questions but that peritoneal inflammation, when severe, requires bloodletting and other antiphlogistic measures for its subduction. And, on the contrary, the fact that inflammation of an acute kind will be aggravated by the application of any and every stimulant, is as well established as that a body elevated from the earth will return to it when the cause of that elevation is removed. Upon this view of the subject the repeated application of the liquid extract of the bark of *Myrica cerifera*, and also of the "*hot drops*," could not have been made with impunity. To say nothing of the latter, the former is one of the most acrid stimulants we possess. It has also an astringent property. In moderate doses it produces heat and nausea at the stomach. Larger doses produce a severe burning sensation and vomiting. Costiveness generally follows the use of this medicine.—(Vid. Big. Med. Bot.)

SURGICAL CASES PRESENTED AT THE ALBANY MEDICAL COL-
LEGE, FOR SESSION 1842-3.

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Dr. March's Surgical and Medical Clinique, October 29.—SOME rare and exceedingly interesting cases were presented, of which we subjoin the following report.

1. Miss S. H., aged 16, of Greenbush. This was a case of necrosis of the tibia, of four or five years' standing. An ulcer one inch in diameter was formed on the anterior face of the tibia, from which twenty-five pieces of the diseased bone had been removed. A large fragment of the bone was exhibited, which came away two months ago, having its place occupied by a deep and foul ulcer. Lime water was prescribed for a wash, and bread and water poultice ordered.

Mr. C. G., aged 26. This was the case of compound fracture of both bones of the fore-arm, exhibited at the previous cliniques. The ulcers are rapidly healing, being more than half cicatrized, and presenting a very healthy appearance. The part was dressed with lint, adhesive straps and roller.

3. Professor M., of Fairfield, about eleven weeks since had the misfortune to dislocate the astragalus of his right foot, by leaping from a carriage, the horses of which had become unmanageable. This dislocation is one of great danger, being frequently followed by inflammation, and destruction of the ankle-joint. After the most persevering exertions, and the employment of vigorous and protracted extension, reduction of the dislocated bone was effected. Professor M. appeared for the purpose of exhibiting the successful result of the treatment employed. The joint was but little larger than natural, motions free, and he was able to walk very comfortably by the aid of a common walking stick.

4. Mr. R. W., aged 62, from the country. This was a case of chronic, deep-seated inflammation of the joint of the great toe of the right foot, caused by a heavy stone having fallen upon the foot, four months since. Rest, blistering and bandaging were prescribed.

5. Mr. I. McC., aged 35. This patient appeared last Saturday, with a varicose ulcer of the right leg. A great improvement has taken place in the appearance of the ulcer, to which dry calomel was applied. The ulcer was then dressed with adhesive straps and roller.

6. S. E. C., aged 11. It will be recollected that this patient underwent an operation for the removal of a deformity caused by the contraction of the fingers of the right hand. On examination, it was found that the deformity was removed, and the wounds rapidly cicatrizing. The usual dressings were applied.

7. Miss R. G., on whom the operation for strabismus of both eyes was performed at the previous clinique. The left eye was found to be still a little inverted. The patient was ordered to apply a covering to the right eye, and use the left exclusively for a few days.

8. Mr. I. W., aged 77. Lenticular cataract of the right eye. Operation deferred.

9. P. T., aged 14. The right eye of this patient presented a hide-

ous deformity. When three or four years of age, the organ began to enlarge; and six years ago disorganization of its coats and humors commenced. The disorganization is now complete. There is ectropium of the upper eyelid, with granulation and chronic inflammation of the palpebral conjunctiva. After a careful examination, extirpation of the eyeball was recommended, the operation for which was deferred to next Saturday.

10. Mr. I. H., aged 32. Chronic inflammation of the integuments of the right hand, the result of a bruise.

11. E. L., aged 12, of Bethlehem. Necrosis of the tibia, of six months' standing, with numerous ulcerations extending from the insertion of the ligamentum patella, to within three inches of the ankle, and communicating with the diseased bone. It was proposed to wait until the dead bone was loose, and then effect its removal.

12. A little girl, aged 7, daughter of Mr. M. K., of Washington Co. About two years ago, the little patient fell from a considerable height upon the abdomen. The accident was followed by inflammation of the abdominal walls, which resulted in extensive suppuration. The abscess was at that time opened, and, according to the statement of the friends of the patient, between one and two quarts of pus were evacuated. From the effusion of coagulable lymph, adhesion took place between the walls of the abdomen and the intestine; and by the process of ulceration a fistulous opening was formed, through which medicines, *feces*, &c., passed, constituting an artificial anus. The operation for the obliteration of this fistulous opening was performed in the presence of the class. Cathartic medicines for the purpose of clearing the alimentary canal had been previously exhibited. The operation was commenced by making two semi-elliptical incisions, embracing the fistula. The part thus circumscribed was then removed, the surfaces brought into contact, and retained in situ by suture, and adhesive straps. Compresses and a bandage were then applied. Anodynes were ordered for the purpose of lessening the peristaltic motion of the intestines, and calming excitement; and thus promoting union by the first intention.

13. M. A. W., aged 12. Enlarged tonsils, which were removed.

14. Mr. M. C., aged 54. This was a case of fistula in ano. About six years ago inflammation commenced on the right side of the anus, which resulted in a sinuous abscess, which, winding round, terminated in a fistulous opening on the left side. Within the last three weeks there has been profuse suppuration. The operation for the cure of this affection was performed by Dr. March. A sharp-pointed bistoury was introduced into the fistulous opening on a grooved staff previously inserted, and passed into the rectum; the sphincter ani muscle was then divided. Lint, compresses and a T bandage were applied. In connection with this case, Dr. M. pointed out the causes of the affection, and the danger of operating in cases connected with pulmonary disease. A cathartic had been administered previous to the operation; and the use of light food was prescribed.

15. A child six months old, from Esperance, with hare-lip. In consequence of the existence of a disagreeable cutaneous affection about

the head, ears and face of the little patient, Dr. M. very judiciously declined operating, and pointed out the great probability of failure in cases where the patient is affected with such diseases. The patient was sent back into the country for medication, and suitable preparation for the operation at some future time.

16. Dr. W., Dutchess Co., N. Y. This was a very rare case of strabismus, caused by congenital deficiency in length of the inferior rectus muscle of the eye. The contraction was so great as to cause a slight flattening of the eyeball at the insertion of the muscle. The operation for the removal of this deformity was performed with complete success by Dr. March. J. R.

RESULTS OF OPERATIONS IN THE PARISIAN HOSPITALS.

In this paper, published in the Archives Gen. de Medecine, M. Malgaigne chiefly studies the causes which influence the mortality after amputations: 1st, he inquires which are the most serious amputations—those performed on account of disease, which he calls pathological, or on account of injuries, which he terms traumatic. He finds that of 789 amputations there had been 524 pathological, and 193 deaths, that is to say 38 in 100; and 265 traumatic, with 130 deaths, or 49 in 100. He then divides them into greater and less amputations, the mortality in the former being 48 in 100 of the pathological, and 64 in 100 of the traumatic; in the latter 12 in 100 of the pathological, and 15 in 100 of the traumatic.

The question of primary and secondary traumatic amputations is, for various reasons, difficult to decide. M. Malgaigne has only been able to obtain the documents of 26 amputations in the thigh; of these 16 were primary and 10 secondary; of the former 12 died, of the latter 6; and 43 amputations in the leg, of which 33 were immediate and 22 died, 10 were secondary with 7 deaths: but from these few cases M. Malgaigne would draw no conclusions.

2. With regard to sex, the results are: great pathological amputations; men 280, deaths 138; women 98, deaths 44. Smaller amputations; men 106, deaths 9; women 40, deaths 2. Great traumatic amputations; men 165, deaths 107; women 17, deaths 10. Small traumatic amputations; men 73, deaths 13; women 10, deaths 0. On the whole, women recover better from amputations than men.

3. Age exercises a remarkable influence on the mortality. In great pathological amputations from 2 to 5 years, 4—2 deaths; from 5 to 15, 57—15 deaths; from 15 to 20, 66—23 deaths; from 25 to 35, 128—63 deaths; from 35 to 50, 72—40 deaths; from 50 to 65, 40—29 deaths; from 65 to 80, 11—5 deaths. In small pathological amputations from 5 to 15 years, 16—0 death; from 15 to 20, 27—1 death; from 20 to 35, 49—3 deaths; from 35 to 50, 33—5 deaths; from 50 to 65, 17—1 death; from 65 to 80, 4—1 death. In great traumatic amputations from 2 to 5 years, 1—1 death; from 5 to 15, 9—7 deaths; from 15 to 20, 15—8 deaths; from 20 to 35, 65—39 deaths; from 35 to 50,

54—36 deaths; from 50 to 65, 30—21 deaths; from 65 to 85, 8—5 deaths. Small traumatic amputations from 5 to 15, 5—0 death; from 15 to 20, 12—1 death; from 20 to 35, 30—0 death; from 35 to 50, 28—8 deaths; from 50 to 65, 11—3 deaths; from 65 to 85, 3—1 death. Thus childhood, contrary to the generally received opinion, is the age in which traumatic amputations are most formidable. In pathological amputations the danger increases with the age; and especially in the female, as if old age commenced more early in her.

With regard to different seasons, M. Malgaigne finds that of 391 cases, 26 amputations took place in January—11 deaths; in February, 24—12 deaths; in March, 37—20 deaths; in April, 28—11 deaths; in May, 49—27 deaths; in June, 46—27 deaths; in July, 27—9 deaths; in August, 45—24 deaths; in September, 31—18 deaths; in October, 32—15 deaths; in November, 20—11 deaths; in December, 26—9 deaths. So that in the four winter months, usually considered the most unfavorable, the mortality did not average one half, whereas in the months usually preferred it exceeded that limit. The autumn is the most unfavorable, next to it the spring; and the result is the same whatever be the nature of the amputation. Nevertheless, winter appears as fatal to young subjects as it is propitious to the more advanced.

M. Malgaigne next considers the relative mortality in the different Parisian hospitals, placing the Hotel Dieu sixth, and La Charité second in rank of success. In the most fortunate hospital for pathological amputations 1 death occurred in 5; in the least fortunate 9 in 10. In the most fortunate for traumatic amputations, 3 deaths occurred in 10; in the least fortunate all the patients who had been operated on died. M. Malgaigne does not pretend to explain this difference, but says it does not depend on the operator, as he does not carry his success from one hospital to another.

All surgeons, and especially MM. Ribes and Larrey, have considered a gun-shot wound of the middle of the thigh to be a case imperiously demanding amputation; but M. Malgaigne does not accede to this opinion; he considers this operation so dangerous, that he would prefer to leave the patient to the efforts of nature.

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EFFECTS OF LEAD PIPES UPON WELL-WATER.

DR. J. W. GRAVES has kindly sent a copy of a communication made by Samuel L. Dana, M.D., to the City Council of Lowell, by which he was consulted in regard to the effects of lead pipes upon well-water. Instead of being the dull, theoretical speculation of a chemist, who had an excellent opportunity to frighten the inhabitants of a whole city in order to establish his own reputation, this report is one of the most learned

and satisfactory papers we have ever read. The author reasons like a philosopher, while he speaks in the language of a medical practitioner. If lead pipes in the city of Lowell are continually yielding small doses of poison, which are a cause of disease and death, what are we to do in the city of Boston, where a large part of the water used in domestic economy, passes through them?

"Lead belongs," Dr. Dana says, "to that class of agents called poisons, the inorganic or mineral poisons. This class is distinguished from others, by this circumstance, that owing to the great tendency to unite chemically with the tissues of the body, they rarely pass into the circulation. These poisons unite with, and form a part of, the living structure. The effect of this combination is, the total destruction in the part where it takes place, of the power of effecting and producing those chemical changes, in which mere life, unattended by nervous influence, consists; or, in other words, poisons, by combining with the tissues, destroy their organic life.

"A constant struggle is going on between the vital force and the chemical action of the poison. If this is in small quantity, or of feeble power, or the vital force strong, then combination takes place only in a small degree. In some cases the poison remains combined, without producing the death of the part. In others, this destruction of the substance occurs, and is followed as a burn on the skin would be, by inflammation, and casting off the dead, by the living parts. In general, a great shrivelling of the parts to which the poison is applied, takes place. In other cases, the combination not totally destroying, but only impeding the healthy functions, goes on quietly for years, each year adding its force to the preceding, yet leaving no visible trace in the parts, of its action, till finally the whole system becomes so combined with the poison, that death ensues. In the case of lead, the poison once combined with the tissue, is re-dissolved by an excess of the poison, and the parts are thus affected, with a general softening and pulpiness. This is, I believe, not an unfrequent trace of disease, which is found on dissection of those who have been supposed to have died from the effects of lead. From the chemical action of lead, it is evident that we are not to look for marks of violent disease, after death, but rather for thickenings, hardenings, contractions, or great softness."

"It is one of the poisons which from the smallness of its dose, and large dilution, I suppose enters the circulation. It gradually impedes the action of whatever part it combines with, bringing on disease, with a long train of anomalous symptoms, till finally, before the cause has been suspected, and while the sufferer is still under the daily influence of that cause, the deposited lead begins to be re-dissolved, a general softening of the vital organs takes place, and Death, the greater master chemist, closes the laboratory of life."

"If chemistry unfolds causes for fear, she also, angel like as she truly is, holds out greater cause for hope, to those who think themselves already under saturnine influence. Two remedies may be proposed, one acting wholly on chemical principles, the other on the principle of common sense. The last is, abstain at once from the use of lead water. The first is, drink daily, for some time, a small portion of sugared water, rendered sour as lemonade, by oil of vitriol. This will decompose the compound of lead, with the tissues, with which it may come in contact,

and form a perfectly insoluble salt of lead which is harmless. Possibly under this course the poison may be finally eradicated from the system."

Dr. Dana recommends wood, cast iron or wrought iron tubes; or copper, protected either by pure tin or pure zinc.

The use of lead pipes is almost universal. They were known in the early history of Rome; they are found in the ruins of Pompeii; and they will be found in the ruins of modern cities, when they become the theatres on which future travellers shall display their antiquarian knowledge:

Dr. Dana has certainly produced an important document, which addresses itself to every inhabitant of a city. We have entire confidence in the accuracy of his analyses, and the truth of his conclusions. This faith will lead to further remarks, on a fitting occasion, upon the probable influence of the well-water of Boston upon the health of the people who habitually use it.

Trichina Spiralis.—Another example of the extensive deposition or burrowing of this insect, in the muscles of the human body, was detected in Boston last week. The man, a pauper, in whose flesh they so abounded, was thought to have had symptoms of apoplexy. Dr. Bowditch had the kindness to show us the biceps flexor, from one of the arms, which was not only completely dotted over with white cysts, clearly perceptible to the unassisted eye, but they also were diffused throughout the very mass of the muscle. Each one, if carefully inspected with a moderate magnifying power, would doubtless have been found to contain the worm.

We cannot resist asking the question, how were the eggs thus deposited? Were they taken into the stomach in the food; and, resisting the action of the gastric juice, and finally falling within the sphere of lacteal influence, urged onward into the circulation? Or is it possible that they were inhaled from the atmosphere, where they floated invisibly, and thus were ultimately introduced into the remote soft solids of the system?

Another phenomenon, somewhat connected with the above, and which needs explanation, is that of the occasional existence of the insect in the eyes of horses, which does not essentially impair the visual power of the organ, although roaming about from point to point, with the freedom of a monster in a vast ocean of which it was the sole and undisturbed tenant.

Prosecution for Libel.—Our neighbor of the Lancet requests us to correct the error contained in a late No. of the Journal, that Dr. Mott had commenced an action for libel, in New York, against the Herald. We do so with pleasure—having merely copied it as an article of medical intelligence, from a newspaper, supposing it to be a fact.—A correspondent says, the *Faculty* of the University, of which Dr. Mott is one, have commenced a *joint action* against the proprietor of the Herald and Lancet, for a libel.

☞ The foregoing paragraph was no sooner written, than the following letter was received from New York.

To the Editor of the Boston Medical and Surgical Journal.—SIR: Will you allow me to say, that there is not a shadow of foundation for the statements made in the New York Lancet of the 15th, relative to

Dr. Sands and myself; and that they will be disproved in a court of justice. They have but just met my attention. Respectfully yours,
New York, October 27, 1842.

MARTYN PAINE.

Not wishing to be identified with any of these local difficulties, inasmuch as they do not particularly concern us, whenever they are referred to it is without malice or partiality, simply as general professional intelligence, of common interest to medical readers.

Asylum Journal.—A quarto sheet is hereafter to be published weekly at the Insane Asylum in Brattleboro', Vt., by the inmates of the institution. This is indeed an extraordinary age, when lunatics write for the amusement and instruction of the rest of mankind! Who can say, however, but that a large part of those who are outside the walls of insane hospitals are quite as crazy as those within? The contents of the first No. are creditable to the literary taste and morals of those who prepared it for the press. All the profits are to be applied to the support of the indigent residents of the asylum, of whatever name or denomination. The price is only one dollar a year, and those who profess to be the friends of unfortunate humanity cannot better appropriate that pittance than by forwarding it to Brattleboro' for the sustenance of this novel enterprise.

Medical Lectures in Boston.—A more gratifying and prosperous commencement of the lecture term never opened in Boston. Dr. Webster's introductory was admirable, and should at once be circulated in a pamphlet. Dr. Hayward's, on Friday, is also deserving of the highest commendation. If we could be permitted to extract from it, it is quite certain that medical readers would ratify our commendation. On Saturday, the operating day at the Massachusetts General Hospital, there were several important and novel operations. If a synopsis of the doings there every week could be furnished for the Journal, it would be doing good service for the future. The class in the medical school is supposed, thus far, to be much larger than in former years. This is said, however, without authority, not having yet seen the matriculating list.

Case of Rupture of the Diaphragm in a Horse.—On the 8th of January last, Mr. Cope, whose pupil I have the honor to be, was desired to look at a black mare, the property of a farmer in this county, who said that, in coming up one of the steep hills that are so plentiful in the county, she stopped suddenly and breathed very laboriously, so that he could hear her at a great distance off. She was unable to proceed for full fifteen minutes, and then she slowly journeyed on with her load, which was upwards of a ton. On coming under our care the following symptoms were presented:—

She was constantly lying down and getting up again—while down she would frequently turn her head to her side—she perspired very much—the pulse was 80, and hard—the extremities moderately warm.

Venesection was had recourse to immediately, and copiously: and opium, combined with ol. lini, was administered; but in despite of our efforts she died in about six hours after the first appearance of illness.

It would be useless to occupy much time in describing the post-mor-

tem appearances: suffice it to say, that on examining the chest the diaphragm was found to be ruptured. The rupture extended about seven inches, and a large portion of the intestines had protruded through the opening. They were very considerably inflamed, and this rupture was doubtless the cause of death.—*Mr. Osborne, in Veterinarian.*

Vaudeville enacted in a Lunatic Asylum.—On the 29th of July a vaudeville was performed at Bicetre, Paris, by the patients, and followed by a musical concert. The actors and musicians were trained by a young *artiste*, M. Florimond Rouger, who has devoted his services for some time past to the establishment.—*London Lancet.*

NOTICE.—Mr. Henry M. Lewis collects for us in Alabama, Tennessee, and part of Missouri.—Mr. Israel E. James, of Philadelphia, collects for us in the South and South-western States and Florida, assisted by James K. Whipple, Wm. H. Weld, O. H. P. Stem and Henry Platt.—Mr. C. W. James, of Cincinnati, is our agent for the Western States, Iowa and Wisconsin, assisted by James R. Smith, J. B. Humphries and J. W. Ewing.

Office Boston Medical and Surgical Journal, Nov. 9, 1842.

MARRIED.—At North Andover, Dr. Thos. P. Hills, of Sandbornton, N. H., to Miss P. C. Marsh.

DIED.—At New York, Peter Parks, M.D., 42.

Number of deaths in Boston for the week ending Nov. 5, 33.—Males, 12; Females, 21.

Of consumption, 5—hooping cough, 1—dyspepsia, 1—burn, 1—typhus fever, 4—croup, 2—inflammation of the throat, 1—ulcers in the head, 1—dropsy, 4—infantile, 1—dropsy on the brain, 1—abscess, 1—jaundice, 1—inflammation of the bowels, 1—child-bed, 2—drowned, 1—slow fever, 1—laryngitis, 1—sudden, 1—smallpox, 2.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 463 ft.

1842. Oct.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	2, P.M.	5, P.M.	8, P.M.	2, P.M.	5, P.M.	8, P.M.			
1 Satur.	45	70	66	29.40	29.34	29.32	S W	Fair	
2 Sun.	54	68	63	29.15	29.11	29.16	S W	Fair	
3 Mon.	45	62	58	29.29	29.27	29.30	N W	Fair	
4 Tues.	43	58	55	29.36	29.37	29.40	W	Fair	White frost.
5 Wed.	40	53	50	29.49	29.52	29.57	N W	Fair	do. do.
6 Thur.	36	62	60	29.70	29.76	29.73	N W	Fair	
7 Frid.	39	64	60	29.71	29.64	29.62	S W	Fair	do. do.
8 Satur.	48	68	62	29.48	29.39	29.38	S W	Fair	
9 Sun.	54	70	66	29.28	29.12	29.01	S W	Fair	Slight rain in the evening.
10 Mon.	46	61	58	29.22	29.33	29.40	W	Fair	Beautiful sunset.
11 Tues.	41	64	63	29.34	29.17	29.13	S W	Fair	
12 Wed.	52	58	56	29.08	29.14	29.24	W	Fair	High wind.
13 Thur.	38	60	58	29.49	29.50	29.51	N W	Fair	
14 Frid.	32	65	57	29.52	29.43	29.40	S W	Fair	.08 inch rain in the night.
15 Satur.	37	57	54	28.99	28.90	28.95	S W	Cloudy	
16 Sun.	42	56	54	29.22	29.29	29.30	S W	Fair	High wind.
17 Mon.	50	59	55	29.53	29.49	29.58	W	Fair	
18 Tues.	59	60	62	29.57	29.32	29.21	S W	Cloudy	.27 inch rain in the night.
19 Wed.	44	50	45	29.25	29.33	29.40	N	Fair	
20 Thur.	35	45	40	29.45	29.48	29.52	N	Cloudy	
21 Frid.	32	46	49	29.60	29.58	29.56	N	Fair	
22 Satur.	36	56	54	29.44	29.29	29.24	S W	Cloudy	.18 do. do.
23 Sun.	48	50	49	29.10	29.24	29.32	W	Fair	High wind.
24 Mon.	36	62	55	29.49	29.50	29.50	S W	Fair	
25 Tues.	54	60	60	29.38	29.19	29.10	S W	Rain	do. .30 inch rain.
26 Wed.	43	52	48	29.27	29.32	29.39	N W	Fair	
27 Thur.	38	50	49	29.47	29.56	29.63	N W	Fair	
28 Frid.	30	56	51	29.82	29.83	29.82	N W	Fair	
29 Sat.	34	59	56	29.73	29.68	29.69	N W	Fair	
30 Sun.	34	52	51	29.79	29.80	29.80	E	Fair	
31 Mon.	31	43	40	29.85	29.82	29.80	S E	Fair	

The month has been unusually pleasant and mild, with little rain, and peculiarly favorable for the husbandman and man of business. The latter harvest has been abundant. The thermometer has ranged from 31 to 70; the barometer, from 28.90 to 29.85. Rain fallen, .83 inch.

MEDICAL INSTRUCTION.

The subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—eoptf.

GEORGE W. OTIS, JR.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION OF 1842-43.

The Lectures will commence on Tuesday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing.

Practice and Theory of Medicine, by	- - -	NATHANIEL CHAPMAN, M.D.
Chemistry, by	- - -	ROBERT HARE, M.D.
Surgery, by	- - -	WILLIAM GIBSON, M.D.
Anatomy, by	- - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	- - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	- - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	- - -	HUGH L. HODGE, M.D.

A course of Clinical Lectures and Demonstrations, in connection with the above, is given at the very extensive and convenient infirmary called the Philadelphia Hospital.

Clinical Medicine, by	- - -	W. W. GERHARD, M.D.
Clinical Surgery, by	- - -	DRS. GIBSON AND HORNER.

Dr. Horner continues in public attendance at the said Hospital until August 1st; and as the tickets of admission are issued for one year from November 1st, they remain valid for his course, and the other service of the house, until the time expires.

Clinical instruction in medicine is also given from the 1st day of November to the 1st day of March by Dr. Wood, in the Pennsylvania Hospital, an institution which is well known as one of the finest and best conducted infirmaries in the United States.

The rooms for practical anatomy will be opened October 1st, and continued so to the end of March. They are under the charge of Paul Beck Goddard, M.D., Demonstrator, with a supervision on the part of Dr. Horner.

Copious additions to the very extensive cabinets of Anatomy, Materia Medica, Chemistry, Surgery and Obstetrics, have recently been made, and are in progress; the polity of the school being to give to its instructions, both Didactic and Clinical, a character as practical and influential as possible in imparting a sound medical education.

The Professor of Materia Medica, besides his cabinet, has an extensive and well-furnished conservatory, from which are exhibited, in the fresh and growing state, the native and exotic medicinal plants.

263 Chestnut street, Philadelphia, August 1, 1842.

W. E. HORNER, M.D.,

Jy. 27—eoptN10

Dean of the Medical Faculty.

NOTE.—A considerable number of the distinguished graduates of the school who are in connection with the Medical Department of the Guardians of the Poor, and with the different Dispensaries and Beneficiary establishments of the city, give clinical and elementary instruction through the year, in private and in their rounds of practice, to such gentlemen as desire it.

SURGICAL INSTRUMENTS.

The subscriber would respectfully inform the medical profession of the New England States, that he has taken an office at No. 128 Washington street, corner of Water street, Boston, where he shall be happy to execute all orders with which he may be favored, and where he has also on hand Surgical and Dental Instruments, in all varieties, and complete apparatus of every description used by the profession. Having served for a number of years in Germany, at his profession, and having, also, been employed in England and New York, in forming and finishing instruments of the most delicate kind in use in Surgery, he feels confident that he shall be enabled to give perfect satisfaction to those who may be pleased to patronize him. He begs leave to offer the following testimonial of several medical gentlemen of this city.

C. A. ZEITZ.

We, the undersigned, would cordially recommend Mr. C. A. Zeitz as a thorough artist. The surgical instruments of his make, which we have ourselves used, have fully answered our expectations; and we can, therefore, with the more confidence recommend him to the medical profession generally.

Je 8—

JOHN C. WARREN, }
GEO. HAYWARD, } Surgeons to Mass. General Hospital.
S. D. TOWNSEND. }

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